CHELAN-DOUGLAS HEALTH DISTRICT



2017 ANNUAL REPORT

Chelan-Douglas Health District:

To protect and improve the health of individuals and communities in Chelan and Douglas Counties through the promotion of health and the prevention of disease and injury.



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STRATEGIC PLAN

Scope of This Plan

Because this is an internal strategic plan for our organization, rather than a community health improvement plan, it focuses on our organization and its needs. Strategic Initiatives are meant to address the five years following their adoption by the Board of Health.

Vision

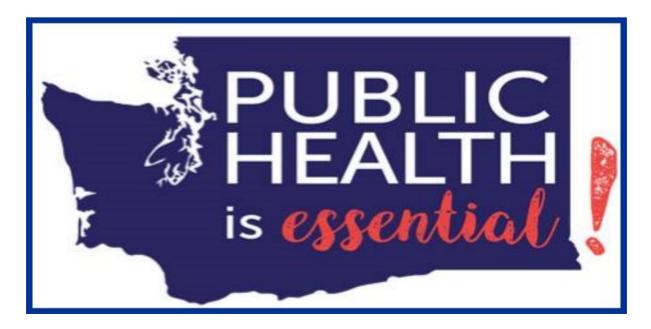
Chelan-Douglas Health District makes optimal use of available resources and partnerships to provide high quality public health services in Chelan and Douglas Counties. Its program priorities emphasize the foundational public health functions basic to public safety in any community.

Mission

To protect and improve the health of individuals and communities in Chelan and Douglas Counties through the promotion of health and the prevention of disease and injury.

We Value:

- Prevention: We believe that prevention is the most effective way to protect our community from disease and injury.
- Collaboration: Community partnerships produce cost effective health outcomes by bringing people, resources and organizations together.
- Population-based services: We make data-driven decisions and deliver science-based programs, knowing that the provision of population-based services is the defining responsibility of public health.
- Equity: We believe everyone in our community deserves an equal opportunity for a healthy life.
- Community Service and Accountability: As vigilant stewards of the public's trust, we provide efficient services that are responsive and accountable to the community and its elected representatives.
- Improvement: We continuously improve the quality of our services and systems to better serve our community through a system of benchmarks and program evaluation.
- Education: Education is a key tool in achieving all public health objectives.
- Adopted by the Board of Health on April 15th, 2013



STRATEGIC PLAN

Strategic Initiatives 2013-2018

Participate actively in efforts to establish a system of sustainable funding for Foundational Public Health Services.

- Participate at the state level through WSALPHO and WSAC.
- Participate at the local level through proposals for city funding of basic public health.

Maintain financial stability and openness of the Health District.

- Attempt to achieve year-to-year cash carryover sufficient to assure financial stability.
- Maintain the high level of fiscal transparency achieved in the Health District by continuing to make detailed financial statements available to staff, management and any interested members of the public on a monthly and quarterly basis.

Foster a sustainable and skilled public health workforce.

- Attempt to assure that salaries and benefits keep pace with those at LHJs in similar jurisdictions in the state.
- Support continuing education experiences for staff to assure up to date knowledge and the development of professional relationships with staff members from other agencies including the state Department of Health.
- Plan for the expected retirement of some key staff members over the next few years to assure an effective transition minimizing the loss of specialized knowledge.

Improve the visibility of public health in the community and especially among community leaders.

- Update the Health District web site.
- Regularly provide presentations on public health to service organizations, city councils, and similar venues which include community and private sector leaders.
- Use social media to disseminate public health messages.

Maintain effective partnerships through active participation in local coalitions of health care providers, social service providers and emergency response partners. Some of these are standing coalitions but we also participate in ad hoc groups involving special or emergent circumstances.

When interacting with individuals and organizations regulated by the Health District, maintain a helpful, educational and respectful approach, resorting to penalties only when other approaches have failed to achieve results.

The Health District will acquire, maintain and use up to date digital technology and provide sufficient staff training and technical support to assure its effective use.

- The Health District will complete the digitization of its land use records and convert as fully as possible to paperless handling of such records.
- The Health District will, as much as possible, conduct its business on-line.
- The Health District will continue to maintain and develop its Environmental Health software in support of EH programs.
- Health district computing equipment, software and infrastructure will remain current with established industry standards.

Health District managers will continue to provide accurate and complete information to the Board of Health and to be responsive to the Board's governance and leadership.

Future program funding opportunities will be evaluated for their priority in relation to foundational public health

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LEADERSHIP

2018 Board of Health

John Sterk, Chair East Wenatchee City Council Member

Doug England, Vice Chair Chelan County Commissioner

Keith Goehner Chelan County Commissioner

Steve Jenkins

Douglas County Commissioner

Dan Sutton
Douglas County Commissioner

Keith Huffaker Wenatchee City Council Member

John Alt
Entiat City Council Member

Jill Thomspon
Waterville City Council Member

Francis J. V. Collins, MD, DDS

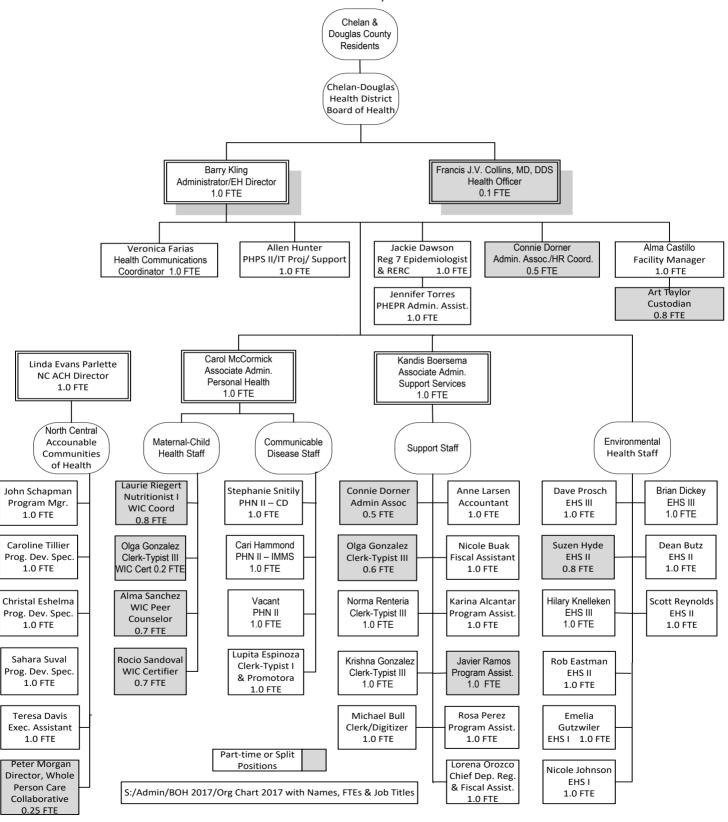
Health Officer

Barry Kling, MSPH
Administrator

ORGANIZATIONAL CHART

Chelan-Douglas Health District 2017 Organization Chart

December 5, 2017



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PUBLIC HEALTH ALWAYS WORKING FOR A SAFER AND HEALTHIER COMMUNITY

- Public Health works to protect the whole community from health threats like contagious disease or unsafe drinking water.
- Public Health is not government medical care (a common misconception), but a community-oriented set of prevention services.
- Public Health is basic to any community, like fire protection and law enforcement.
- Examples of Public Health services include:
 - Controlling Tuberculosis and other contagious diseases;
 - Keeping food safe through restaurant inspections;
 - Protecting at-risk children through public health nursing visits and supplemental foods (WIC);
 - Disease outbreak investigations, to find and stop the source of infection;
 - Safe landfills to protect air and water;
 - Safe septic systems to prevent disease and protect drinking groundwater;
 - Resolving problems with illegal dumps and similar solid waste issues; and
 - Preparedness for health emergencies such as pandemic influenza, fires, or weather disasters.
- Local, state, and federal funds support our locally-governed public health departments.



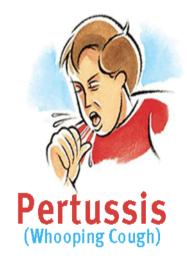
Communicable Diseases

The purpose of notifiable condition reporting is to provide the information necessary for officials to protect the public's health by tracking communicable diseases and other conditions. Based on these reports, public health officials take protective steps, such as verifying treatment of persons already ill, securing preventive therapies for individuals who came into contact with infectious agents, investigating and halting outbreaks, and removing harmful health exposures. Public health workers also use the data collected during investigation to assess broader patterns including historical trends and geographic clustering. By analyzing the broader picture, public health is able to take appropriate actions, including outbreak investigation, redirection of program activities, and policy development.

Reported Condition	2013	2014	2015	2016	2017
Animal Bites with Rabies Propylaxis	8	2	2	11	4
Campylobacter	14	21	16	17	20
Carbapenem-Resistant Enterobacteri- aceae (CRE)	1	0	0	0	0
Coccidioidomycosis	0	0	0	3	1
E. coli (all shiga toxin producing)	5	3	5	1	2
Giardia	9	6	10	16	8
Haemophilus Influenzae Type B (Hib)	1	0	0	0	1
Hepatitis A	4	0	1	0	0
Hepatitis B (acute)	0	1	0	0	1
Hepatitis B (chronic)	5	1	3	3	3
Hepatitis C (chronic)	26	46	27	60	88
Infant Botulism	0	0	2	0	0
Influenza Death	-	2	1	1	6
Legionella	0	1	7	3	1
Listeria	0	0	0	1	0
Malaria	-	1	0	0	0
Neonatal Herpes Simplex	0	0	0	0	0
Pertussis	14	3	7	1	7
Salmonella	4	5	8	8	5
Shigella	1	1	2	2	3
Tuberculosis	3	0	3	3	3
Vibriosis	0	0	0	1	0
West Nile Virus	-	1	0	0	0
Wound botulism	1	0	0	0	0
Zika	-	-	-	1	0
Totals	96	94	94	132	153



Sept. 28, 2017: WSDA detects salmonella in Pride & Joy raw milk products.



A total of 7 cases of Pertussis were reported in Chelan-Douglas Counties in 2017.

Communicable Diseases - Tuberculosis

Tuberculosis (TB) is a common and potentially lethal infectious disease caused by various strains of mycobacteria. TB infection is the leading infectious disease killer in the world. It usually involves the lungs, but can spread to other body systems, including the lymph nodes, bones, and joints. It is most prevalent in males over age 65 born in countries where TB is common. In 2017, there were 210 cases of active TB in WA State and 3 active cases served by CDHD.

There are 3 types of TB: 1. Active TB disease (individual is infectious and spreads the disease to others); 2. Latent TB infection (individual has been exposed to active TB disease but does not have active disease and does not spread disease); 3. MDR TB (multi-drug resistant active TB disease).

The Health District provides RN Case Management services to clients with Active and MDR TB disease. Case Management involves: oversight of x-rays, lab tests, specimen collections and shipments, provider and clinic communications, identification and follow-up of contacts, client and family education, client monitoring and support during a lengthy treatment period (typically 9 – 12 months), and compassionate care. Care also includes face-to-face medication administration (Direct Observation Therapy or "DOT"), either in the client's home, CDHD offices, or remotely. Additional TB program components include clinical consultation with healthcare providers, training, outreach, and policy development. In 2017, staff provided 181 DOT client visits and TB staff hours totaled 626 in support of TB prevention and control.

- ♦ Three (3) active TB cases received treatment and case management in 2017.
- ♦ 22 contacts to the three (3) active cases were identified during the investigations. Only one (1) was found to have latent TB infection—that person was the spouse of one of the patients.
- ♦ One (1) non-pulmonary case received treatment in 2017.



of unduplicated clients that received treatment:

2013	2014	2015	2016	2017
2	3	4	3	3



of unduplicated clients that had active TB:

2013	2014	2015	2016	2017
3	0	3	3	2



of client visits provided by CDHD:

2013	2014	2015	2016	2017
230	135	235	312	181

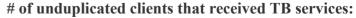


March 24th



of people traced as contacts for active TB clients:

2013	2014	2015	2016	2017
199	0	23	23	22



2013	2014	2015	2016	2017
139	65	4	3	24

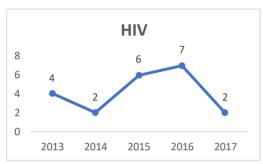
Communicable Diseases

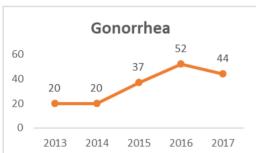
Sexually Transmitted Diseases

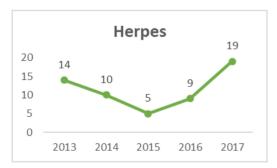
Sexually Transmitted Diseases (STDs) are the most commonly reported diseases in Chelan and Douglas Counties. Many are curable, others are treatable, <u>all are preventable</u>.

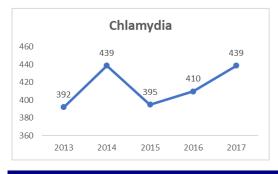
Most people with STDs don't have obvious symptoms, but without treatment they can spread disease and possibly develop serious complications. Anyone under the age of 25 and sexually active should get tested annually. At any age, if you think you may have been exposed to a sexually transmitted disease, you and your sex partner(s) should visit a health clinic, hospital or doctor for testing and treatment.

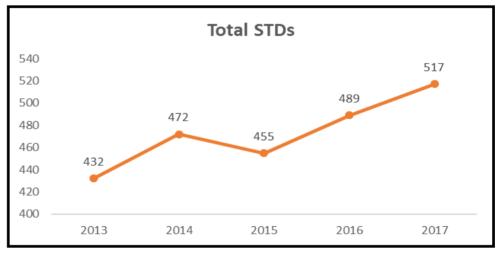
In 2017, the total number of cases of all STDs increased from the previous year except for gonorrhea and HIV. Reports of Chlamydia infection comprise the majority of all notifiable condition reports received.











517 Sexually Transmitted Diseases reported in Chelan & Douglas Counties in 2017:

Chlamydia: 439 | *LGV: 0 | Gonorrhea: 44

Herpes: 19 | Syphilis: 13 | *HIV: 2

*LGV: Lymphogranuloma Venereum | *HIV: Human Immunodeficiency Virus



According to the CDC: 15-24 year old's account for half of the 20 million new sexually transmitted infections that occur each year in the United States.

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Immunizations

Vaccine Preventable Diseases

The immunization program works to achieve high immunization rates for our adolescent and adult populations, educate parents about the risks associated with not vaccinating, and assures access to immunizations for our underserved populations (ie. people residing in rural areas, underinsured or uninsured people). We continue to work to increase the uptake of new and underused vaccines for adolescents, offer immunization services to the underserved through outreach clinics, and improve adult immunization rates by sharing effective immunization strategies with providers caring for adults and children.

Immunization Activity	2013	2014	2015	2016	2017
# of vaccines given to children	102	128	98	60	52
# of vaccines given to adults	309	326	257	262	225
# of flu vaccines given	404	452	354	322	277
# of immunization clinics held	13	10	9	9	7
# of seasonal outreach flu vaccine clinics	11	10	9	8	7
# of free flu clinics for underserved populations	4	1	0	1	0

Students in grades K – 12 complete for required immunizations by county, Washington, school year 2016-2017



Students in grades K-12 with school immunization exemptions by county, Washington, school year 2016-2017



VFC—Vaccines For Children Program

The VFC Program is a federal entitlement program that provides critical funding for vaccines. The program helps improve immunization levels and eliminate cost as a barrier to immunization.



CDHD held 7 immunization clinics in 2017.

VFC Activity	2013	2014	2015	2016	2017			
# of enrollment visits	0	0	2	1	0			
# of VFC	# of VFC provider sites visited							
Compliance visits	15	15	17	16	16			
AFIX visits	-	-	-	15	13			
# of educational	updates fo	or VFC pi	oviders					
In-person updates	19	16	18	20	18			
Email updates	-	-	-	98	83			
Newsletters	-	-	-	1	0			

Additional Immunization Activities

◆Two (2) presentations for school nurse groups ◆ Monthly accountability reporting ◆ Provider technical assistance ◆ Approval/submission of vaccine orders ◆ Submission of reported wasted/expired/spoiled vaccines ◆ Updated CDHD immunization policy and brought staff up-to-date with current requirements ◆ Assisted CD Epidemiology staff with mumps response—acted as Public Health School Liaison

WIC—Women, Infants, and Children

WIC is a supplemental nutritional program for income eligible families and also supports successful, long-term breastfeeding. Almost half of all babies in our state receive WIC. WIC helps improve the health of mothers and children through: nutrition education, breastfeeding support, monthly checks for healthy food, and health screenings and referrals.

WIC foods meet the special nutritional needs of pregnant breast-feeding and postpartum moms, infants, and children up to 5 years old. WIC provides a wide variety of healthy foods that include: whole grains, breakfast cereals fortified with iron and low in sugar, fresh fruits and vegetables, low sodium and low fat choices, a variety of protein foods such as eggs, dried peas and beans, peanut butter, and tofu, and good sources of calcium, such as, milk, cheese, and fortified soy beverages.

Chelan-Douglas Health District WIC—2017			
Total Women Participating	311		
% of Women with High Nutrition Risk	42.8%		
Breastfeeding > 6 Months	43.2%		
Total Infants/Children Participating	836		
% of Children with High Nutrition Risk	43.1%		
Nutrition Education Sessions	2,418		
Referrals	4,338		
Total Clients Participating	1,147		



Laurie Riegert, WIC Coordinator, at a WIC booth during Farmer's Market.

Total Food Dollars Redeemed at 2017 WIC Farmers Market Nutrition Program — \$2,644 —

Total Food Dollars Redeemed in 2017 for Fresh Fruits and Vegetables Only

— \$42,157 —

Chelan-Douglas Health District WIC program provided \$410,035 in 2017 for WIC clients to buy healthy food.

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CSHCN—Children with Special Health Care Needs

CSHCN provides public health nurse visits for children (birth to 18 years) who have physical, behavioral or emotional conditions that require services beyond those required by children in general. Examples include developmental delays, cancer, down's syndrome, and premature birth. A public health nurse and/or community health worker facilitates access to health care needs, provides care coordination, supports family centered care, teaches advocacy skills, and promotes the coordination of care across systems.

CSHCN Activities	2013	2014	2015	2016	2017
New Referrals Received	55	41	32	32	41
Home / Office Visits	57	50	89	84	122
New Clients	35	31	22	29	39
Total Clients Served	37	56	57	86	99
Other Contacts Made (phone, email, text, fax, letter)	-	-	-	1,054	1,198
Referrals Made to Outside Agencies	-	-	-	100	127
Presentation to School Nurse Group	-	-	-	-	1
Lead Investigations	-	-	-	-	5



ABCD focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping to control the caries process and reduce the need for costly future restorative work.



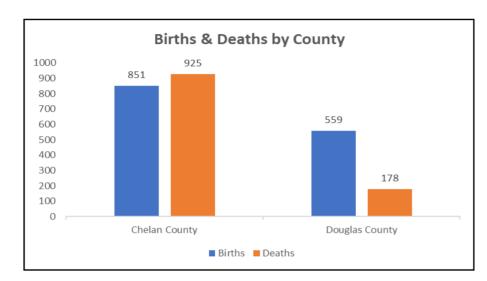
Lupita Espinoza, Promotora de Salud, ABCD Program Coordinator

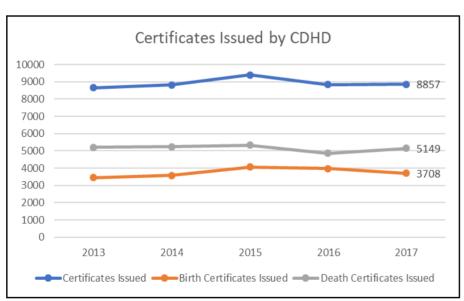
ABCD Activities	2013	2014	2015	2016	2017
Children enrolled in ABCD	102	111	109	101	81
ABCD dentists	7	9	9	10	10
New ABCD dentists	0	0	1	1	1

VITAL STATISTICS

Birth & Death Certificates

Chelan-Douglas Health District issues Washington State birth and death certificates, certifies death records, and files affidavit for corrections with the Washington State Department of Health. Vital statistics are the compilation and analysis of information collected from vital event records reported in Chelan and Douglas counties and the entire state. Some of the most important information about the health of the population comes from vital records, such as leading causes of death, low birth weight babies, and mother's access to prenatal care. Vital records data are used throughout the state and nation for analysis of health trends, program planning, and policy development.







February 2017: Washington State implemented a new certificate paper for birth and death certificates.

Birth & Death Certificates	2013	2014	2015	2016	2017
Birth certificates issued	3448	3578	4070	3972	3708
Death certificates issued	5206	5234	5324	4860	5149
Total	8654	8812	9394	8832	8857

EMERGENCY PREPAREDNESS

Region 7 Healthcare Coalition

Mission:

Planning for surge capacity & capability for region-wide resource management in large scale health emergencies.

Region 7 Healthcare Coalition 2017-2018 Leadership:				
Ray Eickmeyer Chair	Kim Jacobs Vice Chair			
Diane Olshavsky Secretary	Jackie Dawson Regional Emergency Response Coordinator			

Regional Partners

Hospitals ♦ Public Health ♦ Community Health Centers ♦ Emergency Medical Services ♦ American Red Cross ♦ Colville Tribes ♦ Aging and Adult Care ♦ Emergency Management ♦ Long-Term Care Facilities

Epidemiology Response Plan Region 7 Public Health Public Health

North Central Washington State (Chelan, Douglas, Grant, Kittitas and Okanogan

Counties)
Revised June 2017

PHEPR

Nearly all disasters and emergencies affect the health of a community, from air quality during wildfires, food safety during power outages to pandemic flu. Our Public Health Emergency Preparedness and Response program ensures that we are prepared with plans, procedures, training, supplies, and communications systems to respond to and recover from emergencies.

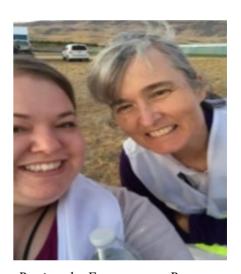
Preparedness Activities	2012	2013	2014	2015	2016	2017
# of after hours calls for 24/7 system for the public and doctors	104	84	85	61	61	46
# of public health alerts sent to partners and providers	55	93	117	103	124	212
# of ICS activations for a public health event	1	1	1	1	0	0
# of times we activated the ICS system for exercises	1	1	1	1	1	0

Incident Command System

ICS is a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.



Region 7: Chelan, Douglas, Grant, Kittitas, & Okanogan Counties



Regional Emergency Response Coordinator, Jackie Dawson (right) and her assistant, Jennifer Torres (left) at the Pangborn Airplane Crash Exercise in September 2017.



Over <u>30,000</u> masks distributed by R7HCC during the 2017 fire season.

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Food Safety

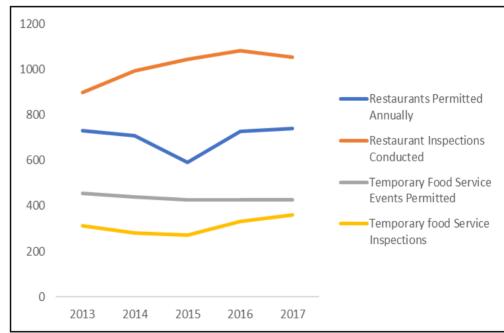
Food safety is an important public health priority. When you go out to eat, you shouldn't have to worry about getting sick. Foodborne illness is a common, costly—<u>vet preventable</u>—public health problem. CDC estimates that each year roughly 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. We work to ensure that food vendors are permitted, food workers are educated, and that food is properly and safely handled, prepared, and served, to prevent illnesses from food.

In 2017, 739 permanent food establishments were permitted and inspected, often several times, including restaurants, grocery stores, coffee stands, mobile units/food trucks, and school cafeterias. There were 361 inspections completed of temporary food establishments at a multitude of events throughout the counties including fairs, festivals, and farmers markets. In addition, 70 food safety related complaints were investigated.

Food Safety Activities	2013	2014	2015	2016	2017
Restaurants Permitted Annually	730	710	590	727	739
Restaurant Inspections Conducted	898	993	1045	1083	1055
Temporary Food Service Events Permitted	456	438	428	428	425
Temporary food Service Inspections	311	282	270	333	361
# of restaurants with unsatisfactory inspections >35 critical points.	14	30	24	31	31
Food Safety Complaints Investigated	60	32	24	44	70



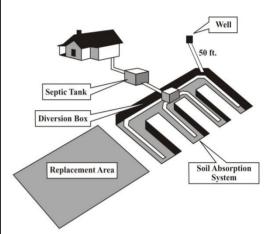
Nicole Johnson Environmental Health Specialist



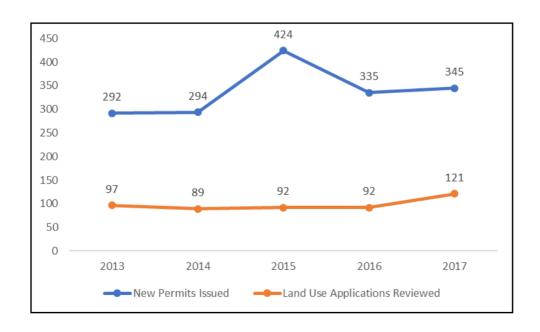
On-Site Septic Systems and Land Development

The purpose of this program is to protect public health and the environment by ensuring proper treatment and disposal of waste water to protect our drinking water and the environment. We permit, inspect, and investigate complaints associated with on-site sewage systems. Other activities include site evaluations, plan preparation, review of proposed land developments, and licensing industry professionals.

On-Site Septic Systems and Land Development	2013	2014	2015	2016	2017
New Onsite Septic System Permits Issued	292	294	424	335	345
Repair Onsite Septic System Permits Issued	71	84	86	103	85
Failing Septic Systems with Corrective Action Initiated within 14 Days	9	3	2	3	0
Land Use Applications Reviewed	97	89	92	92	121
Septic Industry Professionals Licensed	134	124	125	122	120



CDHD Environmental Health Specialists reviewed 29 more Land Use Applications than last year!





Karina Alcantar Program Assistant for Environmental Health

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Solid & Hazardous Waste

Improper waste disposal has the potential to attract disease carrying vermin and adversely impact air and water quality. To protect public health, staff—investigate complaints concerning solid waste accumulations and illegal dumping, regulate the operation of solid waste facilities review design plans for proposed solid waste facilities, and monitor the maintenance of closed landfills.



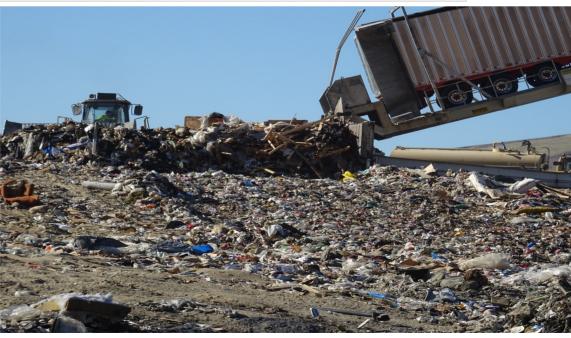
100% of all Solid Waste complaints were investigated & resolved by CDHD in 2017.







CDHD monitored four (4) closed landfills in 2017.



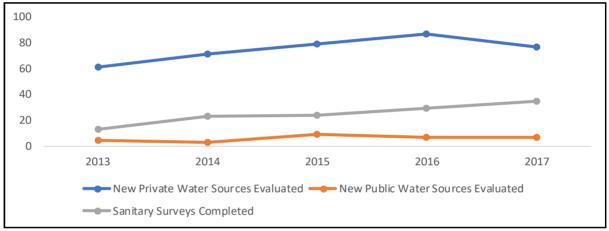
Greater Wenatchee Regional Landfill and Recycling Center

Drinking Water

Contaminated drinking water is a known cause of serious waterborne illnesses. To protect public health, staff review development proposals for the presence of approved water sources, conduct site evaluations for new water systems, and monitor water quality data for operating water systems.

Boil Water Advisories						
Year	Number of Advisories	People Affected				
2013	2	190				
2014	4	1304				
2015	1	100				
2016	2	80				
2017	4	1631				





Water Recreation

Pools, spas, and water parks are a potential source for waterborne illnesses, unintentional injuries, and accidental drowning. To protect public health, staff review plans for proposed facilities, investigate complaints, and conduct health and safety inspections on all permitted facilities.





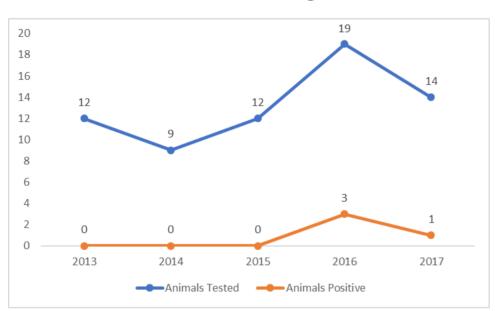
Drowning is the 2nd leading cause of injury-related death for children ages <u>1-14 years old</u> in the United States.

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Zoonotic Disease Surveillance

Zoonotic diseases are illnesses that are spread to humans from animals and insects, such as Rabies, West Nile Virus, Hantavirus, and Salmonellosis. CDHD staff work to prevent the occurrence and spread of zoonotic diseases through educating the public and providing consultation to people about potential disease-carrying animals and insects, and conducting investigations and surveillance to identify the presence and source of zoonotic diseases.

Rabies in Chelan & Douglas Counties





There was one (1) bat that tested positive for rabies in 2017. That bat was found at Lincoln Rock State Park in Douglas County.

West Nile Virus (WNV) Activity in Washington State 2017



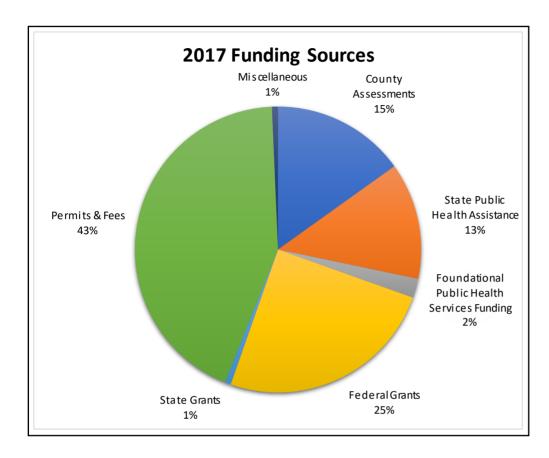




Infected Horses/Other Mammals, Birds and Mosquitoes by County

No WNV Activity Reported in Chelan & Douglas Counties in 2017.

FUNDING



2017 Agency Funding

County Assessments \$457,819

State Public Health Assistance \$399,634

Foundational Public Health Services Funding \$65,679

Federal Grants \$755.052

State Grants \$20,487

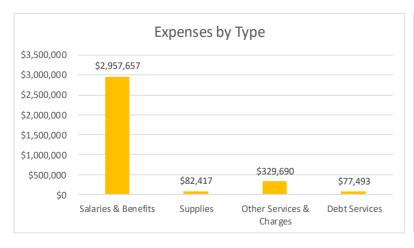
Permits and Fees \$1,311,366

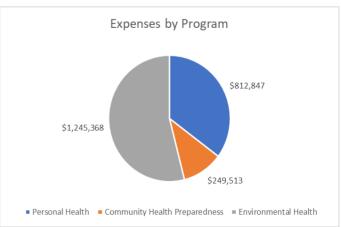
Miscellaneous \$20,662

<u>Total Funding</u> \$3,030,699

2017 Total Funding \$3,030,699

2017 Total Expenses \$3,369,764





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Always Working for a Safer and Healthier Community



Chelan-Douglas Health District
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www.cdhd.wa.gov
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